SUPPLEMENTAL DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

ATTORNEY DOCKET NO. 200314313-2

As a below named inventor, I hereby declare that:

My residence/post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a

patent is sought on the METHOD AND APPAR			TED SYSTEM LOCAL	ITY INFORMATION DURING			
the specification of wh	ich is a	tached bereto unless th	e following boy is che	ockod:			
the specification of which is attached hereto unless the following box is checked: (X) was filed on							
Number 10/777,438 and was amended on (if application)							
I hereby state that I had including the claims.	nave rev	lewed and understand	the contents of the	above-identified specification,			
inventor(s) certificate listed	ty benefit below and	s under Title 35. United State	ny foreign application for p	ny foreign application(s) for patent or natent or inventor(s) certificate having			
COUNTRY		APPLICATION NUMBER	DATE FILED	PRIORITY CLAIMED UNDER 35 U.S.C. 119			
				YES: NO:			
				YES: NO:			
Provisional Application I hereby claim the benefit u below:	nder Title	35, United States Code Section Number	tion 119(e) of any United :	States provisional application(s) listed			
Insofar as the subject matte manner provided by the first information as defined in Title	r of each t paragrap le 37, Coo	of the claims of this applicat th of Title 35, United States	lon is not disclosed in the Code Section 112, I ackno tion 1.56(a) which occurre	tates application(s) listed below and, prior United States application in the wiedge the duty to disclose material d between the filing date of the prior			
APPLICATION NUMBER		FILING DATE STATUS (patented/pending/abandoned)					
60/493,028		08/05/03	abandoned				
POWER OF ATTORNEY: As a named inventor, I her business in the Patent and Ti	eby appo rademark	int the following attorney(s) Office connected therewith:	and/or agent(s) to prosec	cute this application and transact all			
Send Correspondence	to:		Direct Telephone Ca				
Customer Number		ـــــا	David A. Plettner (408) 447-3013	John P. Wagner, Jr. (408) 938-9060			
HEWLETT-PACKARD (Intellectual Property Ac P.O. Box 272400 Fort Collins, Colorado	dministrat	lon Even thou	igh the attorney is listed, p 22879 with this case.	lease associate HP's Customer			
made on information a with the knowledge i imprisonment, or both	and bel that wi , under	ief are believed to be t Iful false statements a	rue; and further that and the like so mad L8 of the United Stat	e true and that all statements these statements were made the are punishable by fine or es Code and that such willful issued thereon.			
Full Name of Inventor: Dong WEI			Cittzenship: USA				
Residence: 95	desidence: 9536 Windrose Lane, Granite Bay, CA 95746						
Post Office Address: SA	ME AS	RESIDENCE					
- Whas	m		u/2	3104			

Inventor's Slor

Date

OTPE

SUPPLEMENTAL DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION (continued)

ATTORNEY DOCKET NO. 200314313-2

DEC 0 2 2004

Tuil Name of #2 joint inventor:	Toshimitsu KANI		Citizenship: Japan
Residence:	2016 Shoreline Cou	IFT. W	indsor, co 80550
Post Office Address:	SAME AS RESIDENCE		1.1d301 / CO 80030
Toslumita Investor's signature	Kani	Date //	122/04
Full Name of #3 joint inventor:		. <u> </u>	Citizenship:
Post Office Address:			· · · · · · · · · · · · · · · · · · ·
·			
Inventor's Signature		Date	
Full Name of #4 joint inventor:			Citizenship:
Post Office Address:			-
Inventor's Signature		Date	
Fuil Name of #5 joint inventor:			Citizenship:
Residence:			
Post Office Address:			
Inventor's Signature		Date	
Full Name of #6 joint inventor:	·	•	Citizenship:
Residence:			
Post Office Address:			
Inventor's Signature		Date	
Full Name of #7 joint inventor:			Citizenshlp:
Residence:			
Post Office Address:			
Inventor's Signature		Date	-
Full Name of #8 joint inventor:			Cither the
Residence:			Cittzenship:
Post Office Address:			
. St Once Audies;			
Inventor's Signature		Date	